



## **Arizona Regulatory Board of Physician Assistants**

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### **FINAL MINUTES FOR MINOR SURGERY SUBCOMMITTEE MEETING Held at 1:00 p.m. on May 18, 2005 9535 E. Doubletree Ranch Road • Scottsdale, Arizona**

#### **Minor Surgery Subcommittee Members**

Randy D. Danielsen, Ph.D., P.A.-C, Chair  
Albert Ray Tuttle, P.A.-C  
Michael E. Goodwin, P.A.-C  
G. Bradley Klock, D.O.

#### **CALL TO ORDER**

Randy D. Danielsen, Ph.D., P.A.-C, Chair, called the meeting to order at 2:25 p.m.

#### **ROLL CALL**

The following Committee Members were present: Albert Ray Tuttle, P.A.-C, Randy D. Danielsen, Ph.D., P.A.-C and G. Bradley Klock, D.O. The following Committee Member was absent: Michael E. Goodwin, P.A.-C

Rich Bittner, Legislative Counsel and Kristin A. Foulke, MPH, PA-C, Legislative Chair for the Arizona State Association of Physician Assistants (ASAPA) were present at the meeting.

#### **CALL TO THE PUBLIC**

No one was present for the Call to the Public.

#### **NON-TIME SPECIFIC ITEMS**

##### **Procedures Defined as Minor Surgery**

Randy D. Danielsen, Ph.D., P.A.-C, stated that the Committee Members were provided a copy of an email from Ann Davis of the American Academy of Physician Assistants. He also provided the Committee Members with a recent email.

Christine Cassetta, Board Legal Counsel, reviewed the Arizona statute with the Committee Members. She stated that the scope of practice for a physician assistant (PA) allows them to perform minor surgery as defined by statute. Currently, the statute requires that minor surgery procedures be approved by the Board as falling within the scope of practice of a PA.

Ms. Foulke reviewed the history of the statute and the Board approval of minor surgery. She stated that the statute used to allow minor surgeries that were on a list approved prior to 1993. However, this list was never actually produced. Because of this confusion, the statute was amended to its current form requiring Board approval of procedures. Mr. Bittner stated that currently there is a need to define what the statute means and what the Board's options are.

The Committee Members discussed the options available, which would be to either start developing a list of specific procedures that have been Board approved or to change the language of the statute to allow the scope of practice to be determined by the supervising physician and physician assistant. G. Bradley Klock, D.O., stated

that he is uncomfortable with allowing supervising physician's to determine the scope of practice due to the possibility of physicians not exercising the best judgment.

The Committee Members asked if they could become a standing Committee with the authority to review requests and make recommendations to the full Board. Ms. Cassetta advised that a standing committee could be created with the approval of the full Board. When a request is made, Board Staff can research the issue under pre-determined criteria and make a recommendation to the Committee. The Committee can give approval on a case-by-case basis and all actions would be documented in the minutes. This option would be within the statute.

The Committee Members discussed all the variables involved with approving a request, such as training received by the PA, a PA's credentialing of a procedure, the competency of the PA and the definition of minor surgery and invasive procedures. PA Danielsen suggested that a certification program for PA's be developed. Ms. Foulke questioned how PA's would be informed of what procedures have been approved by the Board. The Committee members agreed that approving a global list of what procedures are approved would be difficult because PA's are now trained in specialties and sub-specialties and what may qualify one PA to perform a procedure, may not qualify another PA.

Dr. Klock suggested that instead of developing a list, the Committee define minor surgery and determine the criteria that will allow a PA to perform minor surgery. Ms. Cassetta stated that the statute defines minor surgery as any invasive procedure, but does not define invasive procedure; therefore, the Board has the ability to define invasive procedures. The Committee Members discussed the defining factors, such as the level of anesthesia used during the procedure. They also discussed the criteria required for approving a PA to performing a procedure, such as the training received by the PA, the competence of the PA to perform the procedure and the training of the supervising physician. Ms. Cassetta reviewed the statutory definition of an approved training program that will qualify a PA to perform minor surgery. Dr. Klock suggested that manufacturers training programs not be accepted by the Board, since these programs are developed to sell products, not to train professionals. It was decided that the Committee would create a broad definition of approved minor surgeries with sub-definitions to define each factor involved. If a procedure does not fall within the definition, it must go before the Board for approval.

PA Danielsen reviewed the next steps to be taken that were determined by the Committee:

- 1.) Develop a standing committee for approval of invasive surgeries
- 2.) Define demonstrated competence
- 3.) Define invasive surgeries
- 4.) Draft language to update the Rules

Dr. Klock agreed to draft the definition of invasive procedures and levels of anesthesia. PA Danielsen and PA Tuttle agreed to draft the terms for demonstrated competence individually and compare notes. PA Danielsen will ask Michael E. Goodwin, P.A.-C to also draft a definition for invasive procedures for comparison with Dr. Klock's draft. Ms. Cassetta informed the Committee that the agenda item for approving a standing committee would be added to the next Board meeting agenda. She also informed the Committee Members that, in order to not run afoul of the Open Meeting Law, Committee Members should not submit material directly to one another and should forward the materials to her for distribution. Once Ms. Cassetta has received all of the materials, she will distribute them and work with Committee Members to schedule their next meeting.

The meeting adjourned at 3:15 p.m.

[Seal]

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Timothy C. Miller, J.D., Executive Director